



Email to: coshowentries@gmail.com

or fax to 303 773 8635

or mail to:

Blue Cloud, c/o Carol OMeara 8627 Gold Peak Place, Unit G, Highlands Ranch 80130

# BLUE CLOUD

Entries Close Thursday

September 3, 2020 2:00 pm

Horse CHJA #	Horse Name:	Sex:	Foaling Date:	Color	Age:	Height:	Size:	Green Year:
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Primary Owner Name:	CHJA #:	CHJA # is a required field!	DOB:	Owner Email Address:
Owner Address:	City/State/Zip Code:	Cell Phone	Home Phone:	Emergency Phone:

Rider #1 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #1 Email Address:
Rider #1 Address:	City/State/Zip Code:	Cell Phone	Home Phone:	Emergency Phone:

Rider #1 Classes by Number
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Rider #2 Name:	CHJA #:	CHJA # is a required field!	DOB:	Rider #2 Email Address:
Rider #2 Address:	City/State/Zip Code:	Cell Phone	Home Phone:	Emergency Phone:

Rider #2 Classes by Number
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I hereby indemnify and hold harmless Blue Cloud Horse Show, its management, the venue, CHJA and its Board of Directors, from any liability arising from accident, injury, illness, theft or damage to me, my representatives or helpers, all equipment and all animals under my jurisdiction during this show. Under Colorado Law, an equine professional is not liable for injury or death of a participant in equine activities from the inherent risks pursuant to section 13-21-119, Colorado Revised statutes.

If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

**Call Helen Gould  
for stalls!  
303 919 4873**

**Owners Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ **Print Parent/Guardian Name:** \_\_\_\_\_

**Rider #1 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ **Print Parent/Guardian Name:** \_\_\_\_\_

**Rider #2 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ **Print Parent/Guardian Name:** \_\_\_\_\_

Trainer:	CHJA #	Cell #	Email Address:
Address:	City/State/Zip	Trainer Signature	
Taxpayer Name:	Address/City/State/Zip	SS# or TIN	

